FEE VALUE ACCOUNTABILITY

EPOST ACCOUNT NO.

1202 /00

FURNISHED

PATENT APPLICATION IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Docket No: Q60261

Group Art Unit: 1744

Examiner: Brad Y. CHIN

Guy FEUILLOLEY, et al.

Appln. No.: 09/622,359

Confirmation No.: 3569

Filed: September 15, 2000

METHOD AND DEVICE FOR STERILIZING HOLLOW BODIES For:

PETITION FOR EXTENSION OF TIME UNDER 37 C.F.R. § 1.136

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Pursuant to 37 C.F.R. § 1.136, Applicants hereby petition for an extension of time of three months, extending the time for responding to the Office Action of December 28, 2004, to June 28, 2005.

A check for the statutory fee of \$1020.00 is attached. The USPTO is directed and authorized to charge all required fees, except for the Issue Fee and the Publication Fee, to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account. A duplicate copy of this sheet is enclosed.

16/29/2005 HTECKLU1 00000042 09622359

)1 FC:1253

1020.00 OP

SUGHRUE MION, PLLC Telephone: (202) 293-7060 Facsimile: (202) 293-7860

> WASHINGTON OFFICE CUSTOMER NUMBER

Date: June 28, 2005

Respectfully submitted,

L. Raul Tamayo

Registration No. 47,125

07/2005 HSMITHI 00000001 134880

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

plication or Docket Number

99/622359

CLAIMS AS FILED - PART [(Column 1) (Column 2)									SMALL ENTITY			OTHE	R THAN
FOR			NUMBER FILED			NUMBER EXTRA			RATE	FEE	OF		ENTTY
BASIC FEE											OF	RATE	FEE 840
TOTAL CLAIMS			38	minus	20=	• 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٦	X\$ 9=	1	OF		
INI	DEPENDENT (LAIMS	a minus 3 =			•			X39=	+	1	V70	180.00
M	MULTIPLE DEPENDENT CLAIM PRESENT									 	-JOH	X78=	
* If the difference in column 1 is less than zero, enter *0" in column 2								7	+130=		OR	+260=	
									TOTAL		OR	TOTAL	10000
0	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column							1	SMALL	ENTITY	OR	OTHER SMALL	
AMENDMENT A		REM	AIMS AINING TER IDMENT		· PR	HIGHEST NUMBER REVIOUSLY PAID: FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	9	0	Minus	••	30	= -		X\$ 9=		OR	X\$18=	
AM	Independent	NTATIO	N OF MI	Minus	FND	ENT CLAIM]= —	4	X39=		OR	X78=	
	PRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								÷130=		OR	+260=	
		•			٠.	- · .			TOTAL		OR	TOTAL ADDIT. FEE	
_			mn 1)			olumn 2)	(Column 3)		CON. FEE	•	4		
ENI B		REMA	ums Vining Ter Oment		.: PRI	IIGHEST IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENUMEN	Total	• 3	2	Minus	••	3.0	=: 2		X\$ 9=	.:	OR	X\$18=	\$100
7 k	independent	•		Minus	***	3.	B .		X39=		OR	X78=	-
	FIRST PRESE	NIÁTIO	Y OF MU	LTIPLE DEP	ENDE	ENT CLAIM			.100	<u> </u>	lt		
							-	L	+130=		OR	+260=	
	•		49					A	DOIT. FEE		OR ,	DOIT. FEEL	
T	20 A 12 C S K	(Colur	MS		H	GHEST	(Column 3)	-		105: 1	r		
		REMAI AFT AMENO	ER		PRE	UMBER VIOUSLY UD FOR	PRESENT EXTRA		RATE	ADDI- FEE		RATE	ADDI- TIONAL FEE
: -	SEL!			*****				i	X\$ 9=		OA	=812X	
L	ndependent	•		Minus	••••		=		X39=		OR	X78=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										√		——
If the entry in column 1 is less than the entry in column 2, write "O" in column 3.									+130=		OR	+260=	
"If the Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE The "Highest Number Proviously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.													
14.5	70.25		<u> </u>				•				<u> </u>	٠	<u> </u>